2000 UNIFORM BUSINESS REPORT (UBR)

th an address, with all other

changed, or on an attachment

SIGNATURE:

FILED **DOCUMENT # 739864** Apr 20, 2000 8:00 am Secretary of State 1. Entity Name MELROSE WATER ASSOCIATION, INC. 04-20-2000 90022 006 ****61.25 Principal Place of Business Mailing Address 425 STATE RD 26 P.O. BOX 220 P.O. BOX 220 P.O. BOX 220 MELROSE FL 32666 MELROSE FL 32666-0220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2253173 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TISDALE, RICHARD M. STATE ROAD 26 EAST **MELROSE FL 32666** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) DATE IOW: 9: Election Campaign Financing \$5.00 May Be 700 Trust Fund Contribution Added to Fees Make Check Payable to FILE NOW: Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PD Addition TD ☐ Delete TITLE TITLE NAME NAME SMITHJ, NICK STREET ADDRESS STREET ADDRESS 6406 LATCHSTRING LN CITY-ST-ZIP CITY-ST-ZIP **MELROSE FL 32666** Addition ☐ Change Delete TITLE PD TITLE SD CAIN, BENSON R NAME NAME Pease, Pamela STREET ADDRESS STREET ADDRESS .7:19.SEMINOLE RIDGE RD P.O.Box 614 CITY-ST-ZIP CITY-ST-ZIP **MELROSE FL 32666** Melrose, FL 32666 ☐ Change X Addition TITLE SD Delete TITLE Barrow, Dr. Mark NAME **NELDNER, FRED** NAME STREET ADDRESS RT. 2 BOX 2006 A6 LATCHSTRING ROAD STREET ADDRESS 224 NE 10th Avenue CITY-ST-ZIP CITY-ST-ZIP MELROSE FL 32666 Gainesville, FL 32601 ☐ Addition ☐ Change TITLE **VD** ☐ Delete TITLE NAME NAME WHITENER, HARRY STREET ADDRESS STREET ADDRESS **25416 PINE ST** CITY-ST-ZIP CITY-ST-ZIP Melrose FL 32666 ☐ Addition TITLE Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the received retrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if